

**United States Bankruptcy Court**  
**District of New Jersey**

In re Hugo Alfaro

Case No. 17-30422

Debtor(s)

Chapter 13

**DOMESTIC SUPPORT OBLIGATION DISCLOSURE FORM**

**Section 1: to be completed by all debtors:**

Date: October 2, 2020

Case No. 17-30422

Debtor: Hugo Alfaro

Co-Debtor: \_\_\_\_\_

SS No. xxx-xx-5125

SS No. \_\_\_\_\_

Are you responsible for any Domestic Support Obligations described in 11 U.S.C. §101(14A) [debt owed to or recoverable by spouse, former spouse, child, child's guardian or governmental unit in the nature of alimony, maintenance or support?]

Debtor: yes ✓ no \_\_\_\_\_

Co-Debtor: yes \_\_\_\_\_ no \_\_\_\_\_

If your answer is "No" skip to Section 3 at the bottom of this form and sign. If your answer is "Yes", please complete Section 2 and sign at the bottom.

**Section 2: to be completed only if you answered "yes" above:**

Debtor's current marital status:

Co-debtor's current marital status:

Married ✓ Divorced \_\_\_\_\_

Married \_\_\_\_\_ Divorced \_\_\_\_\_

Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Name of person support is sent to: DIANA JESSICA TORRES

Complete Address: 311 PIUTE TRAIL

City BROWNS MILLS State NJ Zip 08015

Phone (609) 321-6425

Are support payments deducted from your paycheck? NO

Provide the State Agency Information:

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Names of creditors for any debts that will not be discharged or that you will reaffirm:

UNAWARE AT THIS TIME / NONE TO THE BEST OF my KNOWLEDGE

Identify your Employer Name and Address:

STATE OF NEW JERSEY - DEPARTMENT OF CORRECTIONS

GARDEN STATE CORRECTIONAL FACILITY

55 HOGBACK RD

YARDVILLE, NJ 08515

**Section 3: To be signed by all debtors**

I swear or affirm under penalty of perjury pursuant to 28 USC § 1746 that the information provided herein is true, correct and complete.

Debtor /s/ Hugo Alfaro  
Hugo Alfaro



Co-Debtor \_\_\_\_\_